

NEVADA STATE DEPARTMENT OF AGRICULTURE

350 Capitol Hill Avenue

Reno, NV 89502

Phone: (775) 688-1180 Fax: (775) 688-1178

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APPLICATION FOR SEED CERTIFICATION

Applicant _____

Grower _____
(If different from applicant)

Mailing address _____

Mailing Address _____

Phone _____

Phone _____

Crop _____ Variety Name _____

Date planted _____ Code Name _____

Acres _____ Experimental Name _____

Grower Field Number _____

Class of seed planted:

Class of seed to be produced:

☐ Breeder
☐ Foundation
☐ Registered☐ Foundation
☐ Registered
☐ Certified**PREVIOUS CROP HISTORY OF LAND**

Year	Crop grown
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Seed purchased from: _____
(name and address of company)

Amount purchased: _____ Amount planted: _____

Lot No.: _____ Certification No.: _____ Grown in: _____

LOCATION OF FIELD - Describe location and include a map showing the field location.

I agree to abide by all laws and regulations governing the production of certified seed in the State of Nevada and assume responsibility for maintaining the genetic identity and purity at all stages of certification including seeding, harvesting, transporting, processing and labeling.

Signature_____
Date